MDR: M4-03-7008-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-16-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP rendered from 11-18-02 through 12-2-02 in the amount of $1560.00 per day.

II.   FINDINGS

The respondent denied reimbursement based upon "F – Fee Guideline MAR reduction"

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-18-02 11-19-02 11-20-02 11-21-02 11-22-02 11-25-02 11-26-02 11-27-02 11-29-02 12-2-02	97799CP (8 hrs)	$1560.00	$736.00 /day	F	DOP	Section 413.011(b) Medicine GR (II)(G)	Redacted EOBs support requestor's position that amount billed complied with statute. Documentation supports billed service, additional reimbursement of 10 dates X $824.00 = $8240.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of **$8240.00.**

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99779CP in the amount of **$ 8240.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$8240.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Elizabeth Pickle   Roy Lewis, Supervisor
Medical Dispute Resolution Officer   Medical Dispute Resolution
Medical Review Division   Medical Review Division